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APPLICANTS

Arch Robison, Champaign, IL;

** CONTINUING DATA ***** none OK

** FOREIGN APPLICATIONS ***** none OK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/14/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 13	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Early OK</i> Initials: <i>OK</i>				

ADDRESS

Sanjeet K. Dutta
 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
 Seventh Floor
 12400 Wilshire Boulevard
 Los Angeles, CA 90025-1026

TITLE

Method and system for interprocedural side effect analysis

FILING FEE RECEIVED 858	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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